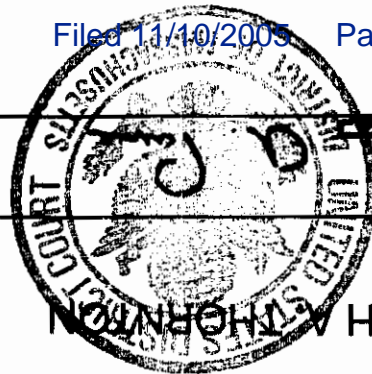


(By) DEPUTY CLERK

CLERK

DATE



SARAH A. SIMMONS

JUL - 7 2005

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Christopher G. Timson, Esq.
Howard, Timson & White, P.C.
89 Access St., Suite 29
P.O. Box 588
Norwood, MA 02062

TO: (Name and address of Defendant)
BETH ISRAEL DEACONESS MEDICAL CENTER
330 Brookline Avenue
Boston, MA 02215

05 - 11434 RGS

UNITED STATES DEPARTMENT OF HEALTH
AND HUMAN SERVICES, ET AL.S.
V.
SUMMONS IN A CIVIL CASE
U.S. DISTRICT COURT
DISTRICT OF MASS.
CASE NUMBER:

DEBORAH BOYD

CLERKS OFFICE

Massachusetts

District of

UNITED STATES DISTRICT COURT



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999
Suffolk, ss.

November 4, 2005

I hereby certify and return that on 11/4/2005 at 11:10AM I served a true and attested copy of the Summons, 1st Amended Complaint and Cover Sheet in this action in the following manner: In wit, by delivering in hand to Barbara Visittier, Risk Mgmt, agent at the time of service for Beth Israel Deaconess Medical Center, at 330 Brookline Avenue, Boston, MA 02115. U.S. District Court Fee \$5.00, Basic Service Fee 18%, \$30.00, Postage and Handling .21.00, Attest/Copies (\$5.00) Total Charges \$41.00

Deputy Sheriff David B. Isberg

Deputy Sheriff

Address of Server

Signature of Server

Date

Executed on

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

DECLARATION OF SERVER

TOTAL

SERVICES

TRAVEL

STATEMENT OF SERVICE FEES

☐ Other (specify):

☐ Returned unexecuted:

Name of person with whom the summons and complaint were left:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

☐ Served personally upon the third-party defendant. Place where served:

Check one box below to indicate appropriate method of service

NAME OF SERVER (PRINT)

TITLE

Service of the Summons and complaint was made by me ⁽¹⁾

DATE

RETURN OF SERVICE

83696000